

QUITCLAIM DEED**L. C. PRATCHETT****GRANTOR (S)****TO****HERBERT H. HAWKS, TRUSTEE****OF THE HERBERT H. HAWKS REVOCABLE LIVING TRUST****GRANTEE (S)**

For and in consideration of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, L.C. PRATCHETT, do hereby quitclaim and release to HERBERT H. HAWKS, TRUSTEE OF THE HERBERT H. HAWKS REVOCABLE LIVING TRUST all of my right, title and interest in and to the property lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

From the Southeast corner of Section 25, Township 3 South, Range 6 West, in DeSoto County, Mississippi, such point being an iron pin and being the Point of Beginning, proceed North 00 degrees, 00 minutes for 352.0 feet to an iron pin. Thence North 90 degrees, 00 minutes West for 574.8 feet to an iron pin. Thence South 00 degrees 00 minutes for 352.0 feet to an iron pin. Thence South 90 degrees 00 minutes East for 574.8 feet to the Point of Beginning. Said plot contains 4.64 acres, more or less

INDEXING INSTRUCTIONS: Said property being located in the Southeast Quarter of the Southeast Quarter of Section 25, Township 3 South, Range 6 West, DeSoto County, Mississippi.

That the undersigned warrants that he is the sole heir at law of Mary Lee Jones, his late mother who departed this life on the 24th day of August, 1996. That attached hereto as Exhibit "A" is a copy of her death certificate.

As additional consideration the GRANTEE is hereby accepting said property in lieu of

foreclosure of that certain Deed of Trust, as recorded at Trust Deed Book 430, Page 295, in the office of the Chancery Clerk of DeSoto County, Mississippi and which indebtedness has not been paid in full and the GRANTOR desires to convey said property to the GRANTEE for the purpose of satisfying the indebtedness in this matter.

By way of explanation, there is on file a Certificate of Trust Agreement at Power of Attorney/Contract Book 76, page 333, in the office of the Chancery Clerk of DeSoto County, Mississippi.

The property herein conveyed is subject to building restrictions, covenants and easements of record.

Possession is given on delivery of this deed.

WITNESS MY SIGNATURE on this the 29th day of March, 2000.

L. C. Pratchett
L. C. PRATCHETT

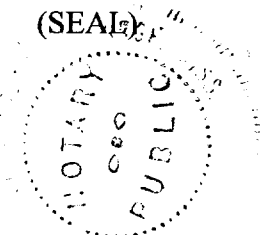
STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state on this the 29th day of March, 2000, within my jurisdiction, the within named L. C. PRATCHETT, who acknowledged that he executed the above and foregoing instrument.

W. E. Smith
NOTARY PUBLIC

My Commission Expires:

MY COMMISSION EXPIRES SEPT 24, 2003



GRANTORS' ADDRESS:

11330 Mosby Lane
Hernando, MS 38632
RES. TEL.:N/A
BUS. TEL.:N/A

GRANTEES' ADDRESS:

7005 Holly Springs Street
Hernando, MS 38632
RES. TEL.:N/A
BUS. TEL.:N/A

No title work requested and no title certificate issued by preparer of deed.

Preparer: KENNETH E. STOCKTON
ATTORNEY AT LAW
5 WEST COMMERCE STREET
HERNANDO, MS 38632
601-429-3469

20081

BK0400PG0519

STATE MS.-DE SOTO CO, ne
FILED

Oct 5 11 29 AM '01

BK-400 to S. 107
W. 107 1006624TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
STRUCTURE
E HANDBOOKTENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) Mary L. Jones				2. SEX Female		3. DATE OF DEATH (Month, Day, Year) August 24, 1996	
4. SOCIAL SECURITY NUMBER (of Decedent) 412-52-8470		5a. AGE-LAST BIRTHDAY (Years) 89		5b. UNDER 1 YEAR MO. DAYS HOURS MIN.		6. DATE OF BIRTH (Month, Day, Year) Nov. 3, 1906	
7. BIRTHPLACE (City and State or Foreign Country) Hernando, Ms		8. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					
9a. FACILITY NAME (If not institution, give street and number) St. Peter Nursing Home		9b. CITY, TOWN, OR LOCATION OF DEATH Memphis		9c. COUNTY OF DEATH Shelby			
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) None		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		12b. KIND OF BUSINESS/INDUSTRY Home	
13a. RESIDENCE-STATE Miss		13b. COUNTY DeSoto		13c. CITY, TOWN OR LOCATION Hernando		13d. STREET AND NUMBER OR RURAL LOCATION 1133 Mosby Lane	
14. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 38632		15. ZIP CODE 38632		16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Black		17. RACE-American Indian, Black, White, etc. (Specify) Black	
18. DECEDENT'S EDUCATION (Specify only highest grade completed) 5th		19. MOTHER'S NAME (First, Middle, Maiden Surname) Willie Ann Baker					
20. FATHER'S NAME (First, Middle, Last) Chester Mosby		21. RELATIONSHIP TO DECEDENT Son		22. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1133 Mosby Lane Hernando, Ms 38632			
23. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Austin Cemetery		25. LOCATION-City or Town, State Hernando, Ms			
26. SIGNATURE OF FUNERAL DIRECTOR Randi Gillespie		27. LICENSE NUMBER OF FUNERAL DIRECTOR FD493		28. SIGNATURE OF EMBALMER Mary P. Gillespie		29. LICENSE NUMBER OF EMBALMER FS553	
30. NAME AND ADDRESS OF FUNERAL HOME Gillespie Funeral Home 9179 Pigeon roost Olive Branch, Ms 38654		31. LICENSE NUMBER OF FUNERAL HOME FE137					
32. REGISTRAR'S SIGNATURE Mary Ann Bradshaw		33. DATE FILED (Month, Day, Year) SEP 19 1996		34. DEPUTY REGISTRAR'S SIGNATURE Deputy			
35. PHYSICIAN'S SIGNATURE AND TITLE OF PHYSICIAN [Signature]		36. LICENSE NUMBER MA 5904		37. DATE SIGNED (Month, Day, Year) 9-13-96			
38. MEDICAL EXAMINER'S SIGNATURE AND TITLE OF MEDICAL EXAMINER [Signature]		39. LICENSE NUMBER		40. DATE SIGNED (Month, Day, Year)			
41. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) PATRICK S. MURPHY MD - 1301 PRIMACY PARKWAY - MEMPHIS TN 38119							
42. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Adenocarcinoma of Colon DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF):							
43. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
44. WAS AN AUTOPSY PERFORMED?				45. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			

Exhibit A